



Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

Office User: B. B. B.
Missouri Ethics Commission

Statement of Committee Organization

AUG 26 2013

1. Statement Information

Date: 8-5-13

Type: ☐ New ☒ Amended (if amending, enter MEC ID C101331 & section changed _____)

2. Committee Information

Name of Committee: Citizens for Karla May

Committee Mailing Address, City, State, & Zip: P.O. Box 21339

Telephone Number: (314) 749-9985

Official Committee Email Address: _____

County Clerk or Board of Election Commissioners: St. Louis City

Committee Type: ☐ Campaign ☒ Candidate ☐ Continuing (PAC) ☐ Debt Service ☐ Exploratory ☐ Political Party

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last): Errian Flanigan

Treasurer's Mailing Address, City, State, & Zip: P.O. Box 21339

Treasurer's Email Address (optional): _____

Treasurer's Home Telephone Number: (314) 295-6731

Treasurer's Work Telephone Number: _____

Deputy Treasurer's Name (if one appointed): Karla May

Deputy Treasurer's Mailing Address, City, State, & Zip: P.O. Box 21339

Deputy Treasurer's Email Address (optional): _____

Dep. Treasurer's Home Telephone Number: (314) 749-9985

Dep. Treasurer's Work Telephone Number: _____

4. Additional Committee Information

Additional Committee Officer's Name & Title (if any): _____

Additional Committee Officer's Mailing Address, City, State, & Zip: _____

Connected Organization's Name (if any): _____

Connected Organization's Mailing Address, City, State, & Zip: _____

CANDIDATES: Do you have more than one candidate committee? ☐ Yes (refer to instructions on back) ☒ No

5. Official Bank Account Information (required by all committees)

6. Supported or Opposed (candidate committees must include self, if candidate)

Name & Mailing Address, City, State, & Zip of Candidate: Karla May, St. Louis MO 63115

Telephone Number (Candidate Committees Only): (314) 749-9985

Election Date: Aug 5, 2014

Office Sought & Political Subdivision: State Representative

Political Party: Democrat

Support or Oppose: supporting

7. Ballot Measure Supported or Opposed (campaign committees must complete this section)

Name of Ballot Measure: _____

Election Date & Political Subdivision: _____

Support or Oppose: _____

8. Signature(s) Check certification(s) & sign (required by all committees)

☒ I affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate. I further acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo.

Committee Treasurer: [Signature]

Candidate (Candidate Committees Only): Karla May